

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) M/42135	
	In re Application of Rosenberg et al.		
	Application Number 10/530,483		Filed 09/28/2005
	For Method for producing solid galenic formulations using a crosslinked non-thermoplastic carrier		
	Art Unit 1615		Examiner Sasan
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>540.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account <u>14-1437</u>.</p> <p><input type="checkbox"/> Applicants hereby petition for a <u>1</u> month extension of time under 37 C.F.R. §1.136.</p> <p><input checked="" type="checkbox"/> The requisite fee of <u>\$130.00</u> is paid by credit card.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>53,152</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> </div> <div style="width: 45%; text-align: center;"> <p><u>/S. Peter Konzell/</u> Signature</p> <p><u>S. Peter Konzell</u> Typed or printed name</p> <p><u>202-659-0100</u> Telephone number</p> <p><u>April 23, 2010</u> Date</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></p>			
<input type="checkbox"/> *Total of _____ forms are submitted.			